Employee Grievance

AFSCME Represented Employees Only

UNIVERSITY OF MICHIGAN

Date_____ Grievance No. _____

Name	Immediate Supervisor
UM ID#	Department Head's Name
Job Title	Department

Work Schedule information MUST be completed

Work Schedule : from _____ **am** ☐ **pm** ☐ to _____ **am** ☐ **pm** ☐

Circle appropriate days: M TU W TH F SAT SUN

Employee's Statement of Grievance (include facts, dates, provisions of the agreement violated and remedy desired).

Employee's Signature	Chief Steward's Name
Date Received by Department Head	
Department Head's Decision	
Department Head's Signature	Date Given to Employee

Copy to: Appropriate Staff HR Office
District Steward
Chief Steward
Employee's Supervisor
Employee
AFSCME Local 1583

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